

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e) required)

Attorney Docket Number		PHUS030318US
First Named Inventor		de Graaf Frits A..
COMPLETE IF KNOWN		
Application Number		
Filing Date		
Art Unit		
Examiner Name		

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RETROSPECTIVE TRIGGERED HIGH SPATIAL RESOLUTION, DYNAMIC MUSCULO-SKELETAL MOTION STUDIES

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 09/08/2003 as United States Application Number or PCT International Application Number.

Application Number **60/501,176** and was amended on (MM/DD/YYYY) (if applicable).

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the date of this application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date

Prior Foreign Application Number(s)					Country		Foreign Filing Date (MM/DD/YYYY)		Priority Not Claimed		Certified Copy Attached?	
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/032, attached hereto.

Page 1 of 9

[Page 1 of 2]

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number OR Correspondence address below or Bar Code Label

Name Thomas E. Kocovsky, Jr.
FAY, SHARPE, FAGAN, MINNICH & McKEE, LLP

Address 1100 Superior Avenue, Seventh Floor

City State ZIP
Cleveland OH 44114

Country Telephone Fax
US 216/861-5582 216/241-1666

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name Family Name
(first and middle [if any]) or Surname
Frits A. de GRAAF

Inventor's Date
Signature 07 Sept 2003

Residence: City State Country Citizenship
BEST NL NL

Mailing Address
P.O. BOX 10,000

City State ZIP Country
BEST 5680 DA NL

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name Family Name
(first and middle [if any]) or Surname
Johan S. Van den BRINK

Inventor's Date
Signature 07 Sept 2003

Residence: City State Country Citizenship
DEIL NL NL

Mailing Address
ROLAND HOLSTLAAN 2

City State ZIP Country
EINDHOVEN NL

Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.